If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915 1921	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis		Run over by street car	1 week ago	
Cerebral hemorrhage	d'i	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAI

V. S. No. 1 N. B.- CAUSE OF DEATH in plain terms, so that it may be properly classified.

item of infor-

Every

Exact statement of OCCUPA.

STATE	OF	MARYLAND-	CERTIFICATE	OF	DEATH	12868
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1. PLACE OF DEATH	(210-10)
County St Mary,	Registration Dist, No. 4
Village or City & he areal of ace	ND
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	ssds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME DElla Buscon	If U. S. Veteran, specify WAR
(a) Residence: No. Co Ralacle Wall	· St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 24 1933 (
mal Cal Curthers	(Month) (Day) (Yeen)
5a. If married, widowed, or divorced	
(or) WIFE of - Dreak heroer	22. I HEREBY CERTIFY, Thet I attended daceased f
	D= 0 2 4 , 193 6, to D = 0 2 4 , 19 3
6. DATE OF BIRTH (month, day, and year face) 2885	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs	was a follows:
8 Trade profession or particular	auto accedecho Data of or
8. Trade, profession, or particular kind of work dona, es SPINNER, Lafter SPINNER, SAWYER, BOOKKEPPER, etc.	Deach due To Pemont wood
9. Industry or businass in which	Carol & hacker
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, worked for S clock.  10. Date deceased last worked at this occuration (month and specific properties).	Stan B-1 1 2 D
10. Date deceased last worked at this occupation (month and spent in this	had lo la de de de de la Comenta
year) occupation	and the contract of the contra
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stata or country)	***************************************
13. NAME Romulus Brown	
E	
14. BIRTHPLACE (city or town) 7	Neme of operation
(State of County)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Moelia Julk —  16. BIRTHPLACE (city or town) — Helf	23. If death was dua to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sufficience or homicide? Care homo Data of Injury 1 7/2 4, 19
S (Stata or country)	Where did Injury occur? In Charlesta Have 2
THE PRINT	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT We have well	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury Sprick by Cento
Place the for Ellis Data & ex 26, 19.36	
150	Manage of Milary 200
19. UNDERTAKER Lily - Leglow	24. Was diseasa or injury in eny way related to occupation of decaased?
(Address) Mc charge viele	If so, specify
20 FILED /2/25 1936 Save Jacker	(Signed) & even for of horon

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Dete of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago ON SERVIT Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

BINDING

ARGIN RESERVED

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition nephritis 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year
			HTTOHAN B

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County St marys	Registration Dist. No. 2 8 s
	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Ella Clum Clo	- le
(a) Residence: No. Surger (Sualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Clude Or Divorced (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of MID Morracl	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 5, 1858	
7. AGE Years Months Days If LESS than	I last saw h aliva on
) ) ) // \&   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and raisted causes of Importance
8 Trada profession or particular	wara as follows:
kind of work done, as SPINNER. House leaper	2 2000078501.0030204
kind of work done, as SPINNER.  SAWYER, BOOKKEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this pecupation (month) and	tion: six months curson.
SAW MILL, BANK, etc.	-
- Shell I III III2	
year) occupation	Other Contributary Causes of Importence;
12. BIRTHPLACE (city or town) Puly	-
(Stata or country) / ml	
13. NAME Heury Clory Clorice,	
13. NAME House Clorice,  14. BIRTHPLACE (city or town) Respectively.	Neme of operation Date of
(State of country)	Whet test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Julia to yours	23. If daath was due to axternal causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Julia To Yours	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country) Prince the Ci	Whera did injury occur?
17. INFORMANT / Cellian Clorica (Address)	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Drone hash Date Des, 5, 19 H	- Natura of injury
19. UNDERTAKER CO. C. P. Diceson	24. Was disease or injury In eny way related to occupetion of deceasad?
(Addrass) Laurence My	If so, specify
20, FILED Dec 7, 1936 & Detring	(Signed) 107 George M. D.
20, FILED - 19.3 . 19.3	(N. O. MI)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19871
1. PLACE OF DEATH	82-20
County At Many	Registration Dist. No. 281
Village or City Tall Tembers	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 2 9 yrs mos	ds.—How long in U. S. If of foreign birth?yrsmosds,
2. FULL NAME Hanry C Went	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Solution OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jannie Dant	22. I HEREBY CERTIFY That Lettended deceased from
5. DATE OF BIRTH (month, day, end yeer)	I last saw harmalive on Jen 1 30, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
76 3 . 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, Farmer	Cer bal hemonhas 12/9/36
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1,1,000
10. Data deceased last worked at this occupation (month and 1933 spent in this year) 1233 occupation	
12. BIRTHPLACE (city or town) California	Other Contributory Causes of importance:
(State or country)	Ortario schrosis 1932
13. NAME Joseph Dent	-/
14. BIRTHPLACE (city or town) California	Name of operation Date of
(State or country) hid	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME comman Hammett	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) alifornia	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT CARACTER (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pope las Hill Cementage Dec 11, 1936.	Nature of injury
19. UNDERTAKER Um C Mattingley (Address) Lina Strong Ind	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Dec 10, 1936 Of Beach Registrar.	(Signed) M. D. (Ardress) Great Mills, Mrd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Perilonitis  Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF DEATH	CERTIFICATE OF DEATH 12872
0.1	(2102)
County St Mary	Registration Dist. No 25
Village or City Conference (16	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Herbert Dyson	
(a) Residence: No. Pranson Ind	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) with worm 1912	I last saw him death la said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
about 24 un Anoron 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	3 rd degree burns of
SAWYER, BOOKKEEPER, etc.	Softy and extremilies 12/0 186
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	bush I in our alignment
10. Date deceased last worked at this occupation (month and spent in this	autombles
year) June 1936 occupation 2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Plans	
(State or country)	
13. NAME William of dyson	
13. NAME William & Dyson  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Louise Williams	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Louise Williams  16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Lacadent Date of injury 12/5, 19.36
State or country) Virginia	Where did injury occur? Atala Aoad I mily from Partial
17. INFORMANT Juman Ayon	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Reason Mid	State good Jean Park Hell Red
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Anned beneath overturned outor
Place of Michillan lens sy Date Ale Q 7, 1976	Nature of injury 3rd digree burns of body ums & legs
19. UNDERTAKER Thomas Harris (Address) Harris Inche Mid	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED Dec 6, 1936 Type hos Registrar.	(Signed)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12873
1. PLACE OF DEATH	ALS .
County St Marys	Registration Dist. No.28/
Village or City St Mary City	No. St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Unnie Maria Goddan	2
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  DIE 3/ 1936
5a. If married, widoweds or divorced	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of James Goddard	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Jan 20, 1852	Hast saw ben alive on Dec 24 1936; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Housewife	Coronar embolim 12/31/86
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his securation (month and) 11. Total time (years)	General anterio se lorosis 1930
10. Date deceased last worked at this occupation (month and see 1936 spant in this occupation 60	
12. BIRTHPLACE (city or town) At Marya Country  (State or country) Maryland	Other Contributory Canses of importance:
Ĭ.	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
	Whet test confirmed diagnosis? Was there an au'opsy?
I	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Jonns Golland (Address) It many of the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Copalar Hill Cemeling Date of an 3, 1937	Nature of injury
19. UNDERTAKER LIM C May thingley  (Address) Rionan down	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 3/, 1926 Pf Bean Not Registrar.	(Signed) M.D.  (Address) Great Mills Nd
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial ne	ephritis " \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1921	Run over by street car	1 week ago
Cerebral hemorrhage	A. J. 1809	July 5,1927	Peritonitis	3 days ago
	Rilerger			
Other contributory	causes of importance:	-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Langth of residence in city of pown where death occurred.  Yr. 2 mos. O. 3s. Now long in U. S. If of lorige birth? yrs. mos. ds.  2. FULL NAME   O.   O.   O.   O.   O.   O.   O.   O	1. PLACE OF DEATH	9
Langth of residence in city of pown where death occurred yrs 2 mos det. How long in U.S. if of foreign birth? yrs mos det. (Usual place of abode)  2. FULL NAME	County St. Islam J	Registration Dist. No. 2 2 6
Langth of residence in citic or pwn where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds	Village or City Lalutus	
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SEX  (4. COLOR OR RACE (DR DR RACE (SEX  (A) COLOR OR RACE (SEX  (COLOR OR RACE (CO	Langth of rasidance in city of them where death occurred / ure 9	
(a) Residence: No. ALL CLUST place of abode)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE OR PYORCED Comische words OR PYORCED COMISCH W	1. Jah. Many	1- 11
PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OB RACE OR PAVORED (winis the word) S. SINGLE, MARRIED, WIDOWED, OR PAVORED (winis the word) OR PAVORED (winis the wor		17 accien
PERSONAL AND STATISTICAL PARTICULARS  S.EX  a. COLOR OR RACE  OR DAVORCED Curris the word)  a. If married, widowad, or divorced (et) wife of 1936.  B. Trade, profession, or particular kind of work done, as STINLE, MIDDED, or min.  3. Trade, profession, or particular kind of work done, as STINLE, STINNER, SOLVENEETER, as Color of SANYER, BOUNCEPER, as Color of SANYER, BOUNCEPER, as Color of Sany or Country)  B. S. Trade, profession, or particular kind of work done, as STINNER, SANYER, BOUNCEPER, as Color of Sany or SANYER, BOUNCEPER, as Color of Sany or		
22. I HER BY CERTIFY, That I stranded deceased from (Year)  I last saw h		
All married, widowsd, or divorced (or) WiFE of  DATE OF BIRTH (month, day, and year) / 2		
a. If married, widowad, or divorced HUSBAND of (or) WIFE	Male Islike OR DIVORGED (write the w	193
DATE OF BIRTH (month, day, and year) / 2	Sa. If married, widowad, or divorced	(month) (Day) (Year)
DATE OF BIRTH (month, day, and year)  AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular states as \$1 day, hrs. or min.  8. Trade, profession, or particular states as \$1 day, hrs. or min.  9. Industry or business in which work was done, as \$1 km Mill.  SAW MILL, BANK, etc.  10. Date decased last worked at this sociupation (solution) or spential this occupation (solution) or min.  13. NAME  14. BUTHPLACE (city or town)  (State or country)  15. MAIDEN NAME/Maulty-solution (State or country)  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT/Maulty-solution (Address)  8. BURIAL, CREMATION, OR REMOVAL  Place (Licy or town)  (Address)  8. BURIAL CREMATION, OR REMOVAL  Place (Licy or town)  (Address)  9. UNDERTAKER  (Address)  0. FILED (2 - 2 19.3 fb, Mallen)  19. AGE  11 last saw h alive on the date stated above, at 27. In.  The PRINCIPLA LACE (LOVE or DEATH and related causes of importance was politows.  19. AGE  11 last saw h alive on the date stated above, at 27. In.  The PRINCIPLA LACE USE OF DEATH and related causes of importance was politows.  19. AGE  Date of onset  11. Total time (years)  Spent in this occupation of the date stated above, at 27. In.  The PRINCIPLA LACE (city or town)  Other Ceatributory Causes of importance:  A Color of the PRINCIPLA CALL  A Color of the principla causes of importance was politows.  10. Burth Place (city or town)  A Color of the principla causes of importance was politows.  11. Total time (years)  Spent in this occupation of the date stated above, at 27. In.  The PRINCIPLA LACE (city or town)  A Color of the PRINCIPLA CALL  A Color of the principla causes of importance was politows.  10. Burth Place (city or town)  A Color of the principla causes of importance was politows.  12. In death was due to external causes (VIOL ENCE) fill in also the following:  A Color of the principla causes (VIOL ENCE) fill in also the following:  A Color of the principla causes (VIOL ENCE) fill in also t	HUSBAND of (or) WIFE of	
AGE Years Months Days If LESS than I day	10 0 0	1900,100
3. Trade, profession, or particular ware payolows.  8. Trade, profession, or particular ware payolows.  9. Industry or business in which work was one, as SHINKER.  9. Industry or business in which work was one, as SHINKER.  10. Date does as SHINKER.  10. Date does as SHINKER.  11. Total time (years) spent in this occupation (month and year)  (State or country)  11. Total time (years) spent in this occupation.  Other Coatributery Causes of Importance:  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  Manuel Mally Salide Mally  16. BIRTHPLACE (city or town)  17. INFORMANT Mally  18. SHITHPLACE (CITY or town)  19. What test confirmed diagnosis?  Was there an aulopsy?  21. Indeath was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Nerve did injury occurr?  (Specify city or town, country and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  9. UNDERTAKER  (Address)  15. Manner of injury  Natura	o. DATE OF BIRTH (month, day, and year)	
8. Trade, profession, or particular Name of comments of the company of the comments of the comments of the comments of the company of the comments of the comm	O a a liday	
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deaeased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  22. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  MAIDEN		In the case of blows of bearing and talatad cases of importance
2. BIRTHPLACE (city or town).  13. NAME   Other Contributory Causes of importance:  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME/Maultanality Mally Matter an autopsy?  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  7. INFORMANT/Maultanality Mally Mally Mally Mally Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION, OR REMOVAL Place (Lichard Manner of injury Manner	8. Trade, profession, or particular kind of work dona, as SPINNER.	Thooping cuit
2. BIRTHPLACE (city or town).  13. NAME   Other Contributory Causes of importance:  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME/Maultanslike Walls   Accident, suicide, or homicide?   Date of injury   Dat	SAWYER, BOOKKEEPER, atc.	simolio tumo
2. BIRTHPLACE (city or town).  13. NAME   Other Contributory Causes of importance:  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME/Maultanality Mally Matter an autopsy?  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  7. INFORMANT/Maultanality Mally Mally Mally Mally Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION, OR REMOVAL Place (Lichard Manner of injury Manner	work was done, as SILK MILL,	
Other Centributory Causes of Importance:  Cistate or opountry)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Mattest confirmed diagnosis?  Was there an autopsy?  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury.  (Specify city or town, country and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury.  Nature of Injury  Nature of Injury in any way related to occupation of dacaased?  If so, specify  (Signad)  (Signad)  What test confirmed diagnosis?  Was there an autopsy?  24. Was disease or injury in any way related to occupation of dacaased?  (Signad)  (Signad)  What test confirmed diagnosis?  Was there an autopsy?  24. Was disease or injury in any way related to occupation of dacaased?  (Signad)  What test confirmed diagnosis?  Was there an autopsy?  25. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  Nature of Injury  (Signad)  (Signad)  What test confirmed diagnosis?  Was there an autopsy?  24. Was disease or injury in any way related to occupation of dacaased?  (Signad)  What test confirmed diagnosis?  Was there an autopsy?  25. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Nature did injury occurr?  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Saccident, suicide, or homicide?  Nature did injury occurr?  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Saccident, suicide, or homicide?  Nature did injury occurr?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	- I spont in this _	
13. NAME   State   Sta	12. BIRTHPLACE (city or town) Wash	Other Contributory Causes of importance:
What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury.  Nhere did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury.  Place Understaker  (Address)  UNDERTAKER  (Address)  UNDERTAKER  (Address)  FileD (2 - 2 - 1936)  Was thare an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  What test confirmed diagnosis?  Was thare an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disaase or injury.  24. Was disaase or injury in any way ralated to occupation of dacaased?  US specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury.  24. Was disaase or injury in any way ralated to occupation of dacaased?  (Signad)  (Signad)  (Signad)		7.
What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury.  Nhere did injury occur?  (Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury.  Place Understaker  (Address)  UNDERTAKER  (Address)  UNDERTAKER  (Address)  FileD (2 - 2 - 1936)  Was thare an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  What test confirmed diagnosis?  Was thare an autopsy?  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disaase or injury.  24. Was disaase or injury in any way ralated to occupation of dacaased?  US specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury.  24. Was disaase or injury in any way ralated to occupation of dacaased?  (Signad)  (Signad)  (Signad)	13. HAMPE STULL FORCE	7
15. MAIDEN NAME Maulty Solide Wall and the following:  16. BIRTHPLACE (city or town) All and the following:  (State or country)  7. INFORMANT Maulty Solide Market	14. BIRTHPLACE (city or town)	
7. INFORMANT Marker Still Marker (Address)  8. BURIAL, CREMATION, OR REMOVAL Place Michael Marker Ma		
7. INFORMANT Marker Still Marker (Address)  8. BURIAL, CREMATION, OR REMOVAL Place Michael Marker Ma	13. MAIDEN NAMELY AUTOMATICALLY AUTOMATICAL AUTOMATICALLY AUTOMATICAL AUTOMATICAL AUTOMATICAL AUTOMATICAL AUTOMATICAL	
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(Address)  8. BURIAL, CREMATION, OR REMOVAL Place Lichard Value 12-28-, 19-3 C  9. UNDERTAKER Language 14-cept 24. Was disaase or injury in any way ralated to occupation of dacaased? Local (Address)  16 so, spacify (Signad) Language M. (Sig	July The Country	(Specify city or town, county and State)
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Place	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
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(Address) If so, spacify  (Signad) The but V. Valuum M. (Signad)	5 11	
0. FILED 12-22 1936 A. V. Calum (Signad) Lybert V. Valum M. 1	19. UNDERTAKER (Address)	
0. FILED (	and the same	
Ceptorar, (Audioss), All Marians	20. FILED	0 - 2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-AD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF	DEATH

191	6.0	(	2-70	(
]	2	0	1	ę

1. PL	ACE OF DEATH	l .	/		
C	ounty St. Ly	La	us J		Registration Dist. No. 2 & C
Vi	llage or City Pa	clu	this		No. 1 and St Warr
10	ength of residence In city of	ar tawa whara	doob account		f death occurred in a hospital or institution, give its NAME instead of street and number)
		or town where	destil occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsds
1	ILL NAME	Jul	100	u	X TOWN
(a	) Residence: No. Q	acr	(Usual place	e of abode)	St., Ward.  If nonresident give city or town and State
Р	ERSONAL AND	STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR	DR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH
Jac	- led		OK DIVORCE	ED (White the Word)	(Month) (Oay) (Year)
Sa. If mar	ried, widowed, or divorce	d	0		
	WIFE of				22. I HEREBY CERTIFY, That I attended deceased from
6 DATE 6	OF BIRTH (month, day, a	nd year)	2 - 1 -	36	I last saw h A alive on 12 1 19 3 6; death is sal
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11 4 x 4 m.
	-	-	-	1 day,hrs.	were as follows:
Z 8. T	rade, profession, or partic	cular	1		Deta of one of
2	SAWYER, BDDKKEEPEI	R, etc			
9. Ir	ndustry or business in wi work was done, as SILI SAW MILL, BANK, etc.	hich K MILL,			Buch resulation
10. 0	ate deceased last worked	d at	11. Total	time (years)	-
0	this occupetion (month year)	end		ent in this cupation	
12 RIDTH	IPLACE (city or town)	Pal	Luce		Dther Contributory Causes of importance:
	State or country)	V	-0		unther ()
13. N	AME John	Ede	vaid	mous	The state of the s
13. N	IRTHPLACE (city or town	Klive	- 16c	mys	Name of operation Oete of
-	(State or country)	mo	9		What test confirmed diagnosis? Was there an autopsy?
15. M	AIDEN NAME	elia	June	in foreign	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. M	IRTHPLACE (city or town	fur	Ju	Mys d.	Accident, suicide, or homicide? Date of injury, 19
-1	(State or country)		10		Where did injury occur? (Specify city or town, county and State)
17. INFOR	MANT O L	Pal	ud n	und (	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIA	L, CREMATION, OR REM	OVAL	1- , ,	7 2/	Manner of Injury
PI	ace acc	(IPCO)	/Oate / L	4 -,1976	Nature of Injury.
19. UNDER	RTAKER	er Il	ach	hous	24. Was disease or injury In any way related to occupation of deceased? Luc
(A	Address / as	u	- 10		If so, specify
20. FILED.	12, -2, 19	347	voa	enn	(Signed) Sebul Culture M.
				Registrar.	(Address) (Address)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

**JARGIN RESERVED FOR BINDING** 

V. S. No. 1

1. PLACE O		OF MAR	TLAND	-CERTIFICATE	OF DEA	18	2876
County S	Somony	•		108	Pagistration F	Dist. No. 5 8	,
Village or		Dune		No.		51	War
Length of res	sidance in city or town whar	death convered	(1	If death occurred in a hospital or in s	stitution, give its NAME	instead of street an	d number)
2. FULL NA	70	h.	710.	A Same of the control	ii or ioreign birth?	yrs	.mosd
(a) Resider		Annl.	·	Journal			
(a) Nesidei	nice. 140.	(Usual place	e of abode)	St., Ward.	If nonresident g	ive city or town a	nd State
	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL	CERTIFICATE		
3. SEX	4. COLOR OR RACE	5. SINGLE, MA	RRFED, WFOOWED, ED (write the word)	21. DATE OF DEATI	Н		
male	1 Cre	non	-l		(Month)	(0%)	, 193 (Yaar)
5a. If married, widov HUSBANO of	wed, or divorced	۸		22. I HERE!			1000
(or) WIFE of	Horeuse.	Jours	dan	Die Sq	BY CERTIFY	, That I attande	d deceased from
6. DATE OF BIRTH	(month, day, and year)			I last saw has alive on.	Derse	1930	- death is sai
	ars Months	Days	If LESS than	to have occurred on the date s	/	0	
3			1 day,hrs.	The PRINCIPAL CAUSE OF D	EATff and ralated causes	s of Importance	,
8. Trade, profe	ession, or particular work done, as SPINNER, R, BOOKKEEPER, atc	762	•	Der To	or Freu	orne	Data of onsal
9. Industry or work wa SAW MII	R, BOOKKEEPER, atc	- o Tmi	ny				
work wa	is done, as SILK MILL, LL, BANK, etc						
10. Oate decees	sed last worked et	1f. Totai	tima (yaars) int in this				
year)	rpation (month and	occ	upation				
12. BfRTHPLACE (ci	ity or town) Fresh	> mue	is	Other Cantributory Causes of I	mportance:		
(State or cou	ntry)	me					
13. NAME S	Juney A	myda	er .				
f4. BIRTHPLACE		M' on	illa	Name of operation		Data of.	
(2(3(3 0)	r country)	m		What test confirmed diagnosis?		Was thara an	autopsy?
15. MAIOEN NA	ME Oliver	me	IF!	23. if daath was due to external	causes (VIOLENCE) fili	in also the following	ng:
16. BIRTHPLACE	E (city or town)	2 The	Let	Accident, suicide, or homicide?	Da	ate of injury	, f9
- (State of	( Country)	1	y	Where did injury occur?	(Specify city or to	wn, county and St	ate)
f7. INFORMANT(Address)	Very of	vude	ren	Specify whether Injury occurre	d In INDUSTRY, in HOM	E, or In PUBLIC P	LACE.
f8. BURIAL, CREMAT	TIQN, OR REMOVAL	gann		Mannar of injury			
PlaceFred	Wheer Cothe	Date De	2.131.1986	Nature of injury			
19. UNOERTAKER	W 52	101000	Le.	24. Was disease or injury in an	v way related to seemed	ion of documents	
(Address)		vero	ten/ml.	if so, specify	A - A -	ion or deceased?	
20, FILEO Der	- 29,1936	OKin	9	(Signed)	T. 1. 160	ej'	
Lo. I ILEO. L. 2-9-1	1,100	buty Lo	Registrar.	(Address)	/ Ne	ese o	m
	If mor	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore,	Requesting U. S. No. 1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUKEAU V. S.	July5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1			OF MAR	YLAND-	CERTIFICATE OF DEATH 128	78
1. PLACE	OF DEAT	Н	1		3	
County	Mm	227	, b		Registration Dist. No. 28/	
Village or	City 7	aces	- R	me	NoSt.,	Ward
Length of r	esidance In city	or town where	death occurred		f death occurred in a horpital or institution, give its NAME instead of street and number  s	r) ds.
2. FULL N		5.:		3 .~.	Ama a	us.
	ence: No.	kt-1 a			A CL WA	
(a) Resid	lence. No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
PERSC	NAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR	OR RACE		RIED, WIDOWED,  O (write the word)	21. DATE OF DEATH	
male	4	hili	Su	VIII (III WOTO)	(Month) (Day) (193	(ear)
5e. If married, wid HUSBANO of		ed				200
(or) WIFE of	nu	nm	une		22. I HEREBY CERTIFY, That I attended decaas	ed from
6. DATE OF BIRT	H (month, day e	and year)	00. 25	1936		h is said
	faars	Months	Oaya	If LESS than	to have occurred on the date stated above, atm,	11 13 3010
	U	U	6	1 day,Ohrs.	The PRINCIPAL CAUSE OF DEATH and raleted causas of importance were as follows:	
z 8. Trada, pro	fession, or part	iculer		,	Date	of onset
SAWY!	f work done, es ER, BOOKKEEPE		non	<b>&gt;</b>	Stranded by cord	
9. Industry of work y	r businass in w was done, es SIL MILL, BANK, etc	MILL,			frought med	
U 10. Date dece	esad last worka	d et	11. Total ti	me (years)		
	cupation (month	and	apen occu	t in this pation		
12. BIRTHPLACE	(city or town)	Hae	e, uns	2	Other Contributory Causes of importance:	_
(Stata or co			nu		the way	
13. NAME	to.	30 00-2	u		The same of the sa	
13. NAME 14. BIRTHPLA	CE (city or town	, cla	cules		Name of operation	
(31818	or country)		m	4	What test confirmed diagnosis? Was there an autopsy	?
15. MAIDEN	NAME Y	4 /	cely		23. If daeth was due to external causes (VIOLENCE) fill in also the following:	
	CE (city or town	001	Calle	me	Accident, suicide, or homicide? Date of injury	9
≥ (State	or country)	1 0	A ,		Where did injury occur?(S	
17. INFORMANT	mo	132	are		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Addrass) 18. BURIAL, CREM.	ATION OF REA	10VAI	Hole	earl		
Placa	Hh	Cery	Data ob a	26 1936	Mannar of Injury	
	V.	3 1		_0	Natura of Injury	
19. UNDERTAKER (Address)	4	7	~ ×	The	24. Was disaase or injury In any way related to occupation of daceased?	
<b>Q</b>	4 61-	7 (	) OF W	al,	If ao, specify (Signed)	AA D
20. FILED LA	C 25, 19	5 6 Dek	Lety Long	Registrar.	(Addrass) ( Vashe Mil.	M. D.
			blank are needed, and			

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Example 1	i i	Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MANAGERALLY S.	( <i>f</i>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(3)
County of many	Registration Dist. No. 28
Village or City Que Allegar Length of residence In city or town where death occurred	No. St., Wa  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos.
2 700	4 - 6
2. FULL NAME /May lasef Eller	1 ports
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	- 1
4. COLOR OR BACE  5. SINGLE, MARRIED, WILL OR DIVORCED (write the	
(or) WIFE of Ther Mostener Long	22. PLESTERY CERTIFY, Thet I ettended deceased fr
B. DATE OF BIRTH (month, day, end year)	lest saw h salive on Alex 167 1936; death is s
7. AGE Years Months Days If LE	SS than to have occurred on the date stated above, et
	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	1 GTPITO
SAWYER, BOOKKEEPER, etc.	fer accuse Tribulation of May the
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end year) occupation.	100
12. BIRTHPLACE (city or town) A Manufacture (State or country)	Other Coatribatory Causes of Importance:
	na consuc insus lagaring
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation
(State or country) Horizon	What test confirmed diagnosts? Was there an autopsy?
15. MAIDEN NAME	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Cleveleng Fa	Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of free Control Control Date 14	Menner of Injury
19. UNDERTAKER Som 6 Discillance	24. Was diseese or injury In any way plated to occupetion of deceased?
(Address), Jamadh Andr	Trid If so, specify 199
20 FILED 1 123 1936 Carralie	(Signed) J. J. Bellewith Q. N
	Registrar. (Address)

0.1

PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RE

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAIN

B

FOR BINDING

MARGIN RESERVED

stated EXACTLY.

Exact statement of OCCUPA-

V. S. No. 1

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The Contract of the last of th	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis JAN 5 1937	1921	Run over by street car	1 week ago
Cercbral hemorrhage		July 5, 1927	Peritonitis	3 days ago
Other contributers	BUMEAU V. S.			
	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1287	9
1. PLACE OF DEATH	(11-42)	
County St Marys	Registration Dist. No. 28/	
Village or City Celifornia	NoSt.,W	ard
	f death occurred in a horpital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?	de
2. FULL NAME Henrietta C Martin		. 03.
(a) Residence: No.	St., Ward:	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Temele White Married	(Month) (Oay) (Year)	,
5a. If married, widowed, or divorced HUSBANO of	22.   HEREBY CERTIFY, That I attended deceased for	rom
(or) WIFE of Morris Martin	Dec 16 1921 to Dec 21 1936	1
6. DATE OF BIRTH (month, day, and year) Oct 7, 1909	I last saw be alive on Dec 20, 1936; death is s	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5-A-m.	
27 2 14 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	Oate of on:	set
kind of work done, as SPINNER, Aousewife	In thensa 12/13/	130
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Bilatinal plemise 12/16/	136
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (orange and		
this occupation (month and the 1936 spent in this year)	· · · · · · · · · · · · · · · · · · ·	
4 00 0	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) A Company (State or country)		
13. NAME alexander Clarke		
13. NAME Clayander Clarke  14. BIRTHPLACE (city or town) - Ha flague of	Name of operation	
(State or country) ma	What test confirmed diagnosis?	- 60 00 00
15. MAIDEN NAME Hattie Jones	23. If death was dua to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME fattle forces  16. BIRTHPLACE (city or town) to llyward  (State or equator)	Accident, suicide, or homicide? Date of Injury, 19	
≤ (State or country)	Where did injury occur?	
17. INFORMANT Morris Martin (Addrass) California had	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
Place At John's Conclupate the 23, 1936	Nature of injury.	
19. UNDERTAKER UM C Mattinder	24. Was disease or injury in any way related to occupation of decaased? Lo	
(Address) Leonardtoon Ind	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows: CEIVEU Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	220
1. PLACE OF DEATH	827	100
County St Marine	Registration Dist. No. 28-1	
Village or City dionard forum	no la Maria Variation	Wand
Village of City (Caraca) (II	death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where death occurredyrsmos		
2. FULL NAME Colored Methew		
(a) Residence: No. Great Mills	ct want Maril 1	
(Usual place of abode)	If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male White OR, DIVORCED (write the word)	(Month) (Day)	93 6
5a. If married, widowed, or divorced HUSBAND of	(	(Tear)
(or) WIFE of Wattheway	22. HEREBY CERTIFY, That I attended dec	eased from
7	10, 1936, to Alee 17	., 19-26.
6. DATE OF BIRTH (month, day, and year) When bur	I last saw have alive on	leath Is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at ( f.m.	Hille
Word // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		
SAWYER, BOOKKEEPER, etc.	Softening of the brain	1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked by this occupation (month bid)		
10. Date deceased last worked at 11. Total time (years)		
this occupation (month the 2000 936 spant in this 50 occupation 50		
1/- //- /	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) / / Clay (State or country)		
- Congress	China solinosis /	930
13. NAME Edward Matthews 14. BIRTHPLACE (city or town)		
4. BIRTHPLACE (city or town) Marsele (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an au'o	psy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury	_, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mygnu Matthews	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
(Address) freat mills hel		
18. BURIAL, CREMATION, OR REMOVAL.	Mannar of Injury	
Place of Gett ges benefigore Dec. 15, 1936	Nature of injury	
19. UNDERTAKER Jum: Con Mallingly	24. Was disease or injury in any way related to occupation of deceased?	a
(Address) Lanardtown Ind	If so, specify	
20. FILEO. Dec 14 1936 P. J. Beggy 30.	(Signed)	M, O.
Local Registrar.	(Address) great mills ma	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li li	Example II	
of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nep	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	7.11	July 5,1927	Peritonitis	3 days ago
	RUBEAU V S			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Stimurs	Registration Dist. No. 2-3-5
Village or City delsh Lugh	NoSt,Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?yrsmosds.
	mosyrs,mos,yrs,
2. FULL NAME O' UU UOU	Varker
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL	
OR DIVORCED (write the word	12 4 193 3 6
56. If married, widowed, or divorced	(Month) (Day) (Year)
54. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
17-9 30	
6. DATE OF BIRTH (month, day, and year) 12 -9-34	I last saw h & five on 92 - 9 - , 1936; death is said
7. AGE Years Months Days If LESS the	
ormin.	
8. Trede, profession, or particular kind of work done, as SPINNER.	Dugt -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ulio
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked et 11. Total time (years)	
o this occupation (month and spent in this occupation occupation	
16 a 1 x	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	I I I I I I I I I I I I I I I I I I I
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diegnosis? Wes there an au'opsy?
T COLOR	23. If death was due to external causes (VIOL ENCE) filt in also the following:
16. BIRTHPLACE (city or town) Lucy Curry MC (State or country)	Accident, suicide, or homicide?
Od O MIL Partie	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 10, 19	Nature of injury
19. UNDERTAKER I ha Juage ly Valerine	24. Was disease or injury in any way related to occupation of deceased? NO
(Address)	if so, specify 1/7 \(\Delta\)
10 5450/2-9- 1036 M. 6 Belinn	(Signed) full wo alm M.D.
20. FILED 7 C , 1926 / C 1 V accument	(Address) are undul

V. S. No. 1

-WRITE PLAINLY

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REALT. Every item of infor-See instructions on back of certificate. TION is very important. B.—WRITE PLAIN ż

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1000
1. PLACE OF DEATH	MIND	2000
County St Mary	Registration Dist. No. 281	
Village or City demandlown	No. At Maryo Hospital St., death, occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurredyrsmos.		sds.
2. FULL NAME Michelas Pusalin		
(a) Residence: No. freat Mills Med (Usual place of abode)	St., Ward. If nonresident give city or town and :	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White Maneed	21. DATE OF DEATH  (Month)  (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marry Lula Pusaler	22. HEREBY CERTIFY That I attended of	deceased from
6. DATE OF BIRTH (month, day, and year) about 18 71	I last saw been alive on Dee 4 1936	; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 11022 Am.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trede, profession, or particular	were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and this pocupation (month and this pocupation (month and this pocupation (month and this pocupation).	acute rephirtis	11/25/36
oc work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked et this occupation (month and 10 / 936 occupation 40 occupation 40		
	Other Contributory Canses of Importance:	11/19/36
12. BIRTHPLACE (city or town)	exposure to co a	11/17/36
13. NAME for Bussler  14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State or country) grandy	What test confirmed diagnosis? Was there an au	u'opsy?
15. MAIDEN NAME Catherine Pusslin	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
1. 0 01 15 8	Where did Injury occur? (Specify city or town, county and State	)
17. INFORMANT Massa Mills, kid	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	GE.
18. BURIAL, CREMATION, OR REMOVAL Place It andrews Cometingate Dec 6, 1936	Manner of injury	
19. UNDERTAKER Um C Mattingly (Address) Lionardtown, Jud	24. Was disease or injury In any way related to occupation of deceased?  If so, specify	No
20. FILED Dec \$ 1936 By Begin Jack Registrar.	(Signed) Great Milley Mid	M. D.
If more blanks are needed address Same B	N CI I C. P. P. T. C. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH	92-0
County At Mary's	Registration Dist. No. 28/
	No. St., Ware f death occurred in a horpital or institution, give its NAME instead of street and number)  St. / O ds. How long in U.S. If of foreign birth?yrsmosd.
2. FULL NAME William Shorter	
N II	
(a) Residence: No. (Jank Hull (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Thate White Israel or Color	21. DATE OF DEATH  (Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of	(1-3)
(or) WIFE of unknown	22. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) July - 1866	I last saw have alive on Dec 4 1936 death is sai
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, et 2-10 Am.
70 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
8 Trade profession or particular	Eromic Valrulas Henry Disies 1953
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked et this occupation (month) and 1736 spant in this 40 occupation	
(State or country)	Other Contributory Causes of importence:
13. NAME Thomas Shorter	
14. BIRTHPLACE (city or town) Cooppers Island	Neme of operation Date of
(State of country) Mary Land	What test confirmed diegnosis? Was there an au'opsy?
15. MAIOEN NAME Laura Samtus  16. BIRTHPLACE (city or town) Park Hell	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Park Hall	Accident, suicide, or homicide?
7. INFORMANT albert Shorter	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Draydum Dud  18. BURIAL, CREMATION, OB REMOVAL 1	Manage of Interes
Place Popular 7 Ill Octo Dec 7 , 1936	Manner of injury
19. UNOERTAKER Com: Co. Mattangling.	24. Wes disease or injury in any way related to occupation of deceased? 20
20. FILEO Dec. 6, 1936 Speak Registrar.	(Signed) (Address) with mily mil

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

PHYSICIANS should state D. Every item of inforof OCCUPA-Stated EXACTLY. PHYSICIAMS UNFADING INK-THIS IS A PERMANENT RE FOR BINDING See instructions on back of certificate. ARGIN RESERVED AGE should be TION is very important. -WRITE PLAINLY,

CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied. ä ż

V. S. No. 1

	CERTIFICATE OF DEATH 12884
1. PLACE OF DEATH	<b>8</b>
County Situation	Registration Dist. No.
Village Dr City Wills Col	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city o <del>r town</del> where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME SULLAND S	balding
(a) Residence: No. Curlos Co	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 / 3 193 6
5e. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY, That i ettended deceased from
12-17-36	, to , 19, 19
6. DATE OF BIRTH (month, dey, and yeer)	i last saw h elive on , 19 death is said
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, et 10 m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance
	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	
9. Industry or business in which	em and a second
work was done, es SILK MILL, SAW MILL, BANK, etc	Jan
- this occupation (month and spont in this	
year) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	over work
I 13. NAME LUNCY COLOR	
13. NAME 14. BIRTHPLACE (city or town) 14. Stete or country)	Neme of operation
(State of Country)	Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME (16. BIRTHPLACE (city or town))	23. If deeth wes due to externel causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of county)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Piace Dete	Neture of injury
19. UNDERTAKER Justine	24. Was disease or injury in eny wey releted to occupation of deceased?
(Address)	If so, specify
20. FILED 12-13-1934 V. 6 als J	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
MARGALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	--------	-----------	------------	----	-----------

PHYSICIANS should state Every item of infor-Exact statement UNFADING INK—THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY,

V. S. No. 1

of OCCUPA.

	JF MAR	LAND-	CERTIFICATE OF DEATH	(2882)
1. PLACE OF DEATH	,		<u> </u>	
County Sti un O	Un J		Registration Dist. No. 2—5	6
Village or City Lucily	ton	(lí	death occurred in a hospital or institution, give its NAME instead of street an	
Length of residence in city or town where	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAME Shell	ban	5,	balding	
(a) Residence: No. Will.	(Usual place of	of abode)	St., Ward.  If nonresident give city or town a	nd State
PERSONAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH 12 11	193, 76.
5a. If married, widowed, or divorced	1 7		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)	12-11	- 36	I last saw h	death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, atm.	
	_	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,	~		Mualu	2
SAWYER, BOOKKEEPER, etc.			butte due to	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			for und,	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tir	me (years) t in this	6 weet 7.	
12. BIRTHPLACE (city or town)	ista	·	Other Contributory Causes of Importance:	4
(Stata or country)	0			1
13. NAME Hengy Heli	4 Mual	sten		
14. BIRTHPLACE (city or town)	- golli	= 1	Name of operation Data of	
(State of Country)	0	-	What test confirmed diagnosis? Was there a	n autopsy?
16. BIRTHPLACE (city or town)	cin Ka	ely	23. If death was due to external causes (VIOL ENCE) fill in also the follow	ng:
5 16. BIRTHPLACE (city or town)	your	W	Accident, suicide, or homicide? Date of Injury	, 19
∑ (Stata or country)			Whera did injury occur?	
17. INFORMANT Storte Tell (Address)	4 Stal	sling	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL		1. 21	Mannar of injury	
Place Lamby	Date 12	11- 1936	Nature of injury	
19. UNDERTAKER SCORE TY	chy gya	lding	24. Was disease or injury in any way ralated to occupation of daceased?	
(Address) his to	- Mary	- 1	If so, specify	- 4 -
20. FILED 12 - 11-, 1926/14	1,0 als	m	(Signed)	M. D.
		Registrar.	(Addrass) all the	01.1

CENTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1/41 6 H	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See

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mation

M

MOTHER

14. BIRTHPLACE (city or town) \_\_ (State or country)

(Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

17. INFORMANT \_

19. UNDERTAKER (Address)

(Address)

#### STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH Jo should Every item Village or City Jo SICIANS Length of residence in city or town where death occurred statement (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end veer) properly 7. AGE Yeers Months If LESS than Davs 1 dey.\_\_\_\_hrs. or .... min. 8. Trede, profession, or perticuter OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... back 9. Industry or business in which work was done, as SILK MILL, it may SAW MILL, BANK, etc ..... 10. Date deceesed last worked/at 11. Totel time (yeers) spent in this this occupetion (month and that occupetion \_\_\_\_ instructions 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME

(743)	201
	Registration Dist. No. 28
No	St.,Ward
	tion, give its NAME instead of street and number)
ds. How long in U.S. If O	f foreign birth?yrsmosds.
~~~~~	
St., Ward,	
	If nonresident give city or town and State
MEDICAL CI	ERTIFICATE OF DEATH
21. DATE OF DEATH	
	Die 6 1 , 1936
	(Month) (Dey), (Year)
22. I HEREBY	CERTIFY. That I attended deceesed from
nor 3	1936 to Dec 6 1936
l lest sew better alive on	Dre 4, 1936 : deeth is said
to have occurred on the date stete	H end related causes of Importence
were es tollows:	Date of onset
Coronary	Throm roses 1936
0	
	' .
Other Contributory Causes of Impo	irtence:
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name of operation	Date of
Whet test confirmed diegnosis?	Was there an eu'opsy?
23. If death was due to externel ceu	ses (VIOLENCE) fill in also the following:
	, Dete of Injury, 19
Where did injury occur?	
where did hijdry occurr	(Specify city or town, county and State) INDUSTRY, In HOME, or In PUBLIC PLACE.
Specify whether injury occurred In	INDUSTRY, In HOME, or In PUBLIC PLACE.
Menner of injury	
Nature of injury	
24. Wes diseese or injury in eny we	ey releted to occupetion of deceesed?
If so, specify	
(Signed)	By Bean M.O.
(Address)	of mills, his

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	SIAIEMENIS	DI FII	ISICIAN	

ADDITION AT OR ACTS TOD DUDBYLLD OF A MISSELS INC. DAY DESCRIPTION AND

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County of mary	Registration Dist/No. 2
Village or City Lennardlawy (18	No. At Many Ward teath occurred in a hospital or institution, five its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Church Thompson	
(a) Residence: No. Secon Constitut CO	7 St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
50. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY, That I attended deceased from
(or) WIFE of William Sporting	- Lelect 13 1936 to held 18 1936
6. DATE OF BIRTH (month, day, end yeer)	I last saw h # alive on # # 19.24; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
65 - 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade notessing or particular	Date of oneet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mystandilia Coule he 11
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year)	
18 800 16 16.1	Other Contributory Consecut importance:
12. BIRTHPLACE (city or town) (State or country)	night in the
13. NAME Solest Some well	- Coffee US
14. BIRTHPLACE (city or town) 47 Mary 62 Md.	Name of operation Date of
4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Handish Clothans	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Villagh X Thompson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Lew form Contampate Mer 20, 1936	Nature of injury
19. UNDERTAKER 950 6 Prallingby	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Leaner atomy frid	If so, specify (Signed)
20. FILED/21 Zo , 1954 Cocales Registrar.	(Signed) T T Service M. D
Kegistrar.	" (Audiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 5 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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M	y item of infor-	S should state	t of OCCUPA.	
•	RECORD. Ever	Y. PHYSICIAN	Exact statemen	
FOR BINDING	S A PERMANENT	tated EXACTL'	roperly classified.	rtificate.
MARGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
. No. 1	BWRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very imports

STATE OF MARYLAND—	CERTIFICATE OF DEATH	222
1. PLACE OF DEATH	(53-B)	200
County St Marys	Registration Dist. No. 281	
Village or City Herman ville	NoSt	Ward
(If	death occurred in u hospital or institution, give its NAME instead of street and num  ds How long in U.S. if of foreign birth?yrsmos	
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	74
3. SEX 4. COLOR OR RACE OR DIWORCED (write this word) 58. If married, widowad, or divorced	21. DATE OF DEATH (Month) (Day)	93 (Year)
HUSBAND of Cor) WIFE of Daniel Walts	22. I HEREBY CERTIFY. That I attended dec	eesed from
6. DATE OF BIRTH (month, day, and year) Sept - 1848	t tast saw har alive on Que 1.1., 1936; d	death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et 57.30 P.m.	
88 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular		Date of onset
8. Trade, p:ofession, or particular kind of work done, as SPINNER, Abusinal SAWYER, BOOKKEEPER, atc.	Carcinoma of bladder 1	933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this coveraging (more) and the same of the same		
10. Date deceased last worked at this occupation (month) and 1990 spant in this occupation corupation		
12. BIRTHPLACE (city or town) Great Mills	Other Coutributory Causes of importance:	
(State or country) Md	Unterio schoosis !	1930
II 13. NAME		
14. BIRTHPLACE (city or town)	Name of oparation Data of	
(State of country)	What test confirmed diagnosis? Was there an au'o	psy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:	1.1146
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury	., 19
E (Stata or country) Manyland	Whera did injury occur?	
17. INFORMANT Martin Osell (Address) Herman will be mad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury	
Place from Jain Cemeling Date Dec 14, 1036	Nature of injury	
19. UNDERTAKER Thomas Harris	24. Was diseasa or injury in any way related to occupation of deceased?	Q.
(Address) Hermanulle md	If so, spacify	
20. FILED Dec 13, 1926 Pf Bear hit Local Registrar.	(Address) great mills md	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	210000 1/1-
County My gl MMMA	Registration Dist. No.
Village or City X MMMMM	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / GERALL Gring	If U. S. Veteran, specify WAR
(a) Residence: No Springle	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	ff nonresident give city or town and State
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Colored Phase (regice the ward)	(Month) (Day) (Page)
5e. If marriad, widowad or divorced HUSBAND of (or) WISE of Wildwall DIMMINISTER	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last sew h
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at
35 7 1 dey,hr	
& Trada profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	- sugely by memoriles
work wes done, as SILK MILL, SAW MILL, BANK, etc	- MMIN MALLINING VAY BLANCE
10. Data deceasad lest worked at this occupation (month and year)	HARLAND AN VASA & SIGNER
12. BIRTHPLACE (city or town) Pelly (State or country)	Other Contributery Causes of Importence:
13. NAME SUPPLIED THE THE TABLE (city or town) INTO MANY	Name of operation
(State of country)	Name of oparation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME / WORLD / MELEN	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or earter)	Accident, suicide, or homicida? Alladem Date of injury 2/2 19, 3/4,
(Stete or coentry)	Where did injury occur? LLAN AUNION, THE THOUSE STATE (Specify city or town, county and State)
17. INFORMANT / MUN / JUMM J.	Spacify whether printly occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Samuelle by AutoMorne
Plece 21: NEIPMS   Date 10. de 19.20	Nature of Injury Hall
19. UNDERTAKER THE WILLIAM DO THAT WALLES	24. Was disease or injury im any way related to occupation of deceased?
(Addrass) XIMMAMMAMM MM)	If so, spacify
20. FILED ALLO 19 36 A. D. MANNEY Registrar.	(Signedy A. M. D. (Address) M. D. (Address) M. D. (Address)
	, 2411 N. Charles Street, Baltimore, Requesting U. S. Nol z

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago 估出费户AU Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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